

City of Rockville

Moderately Priced Dwelling Unit Program
Community Planning & Development Services
111 Maryland Avenue, 2nd Floor
Rockville, MD 20850
Phone: 240-314-8200, Fax: 240-314-8210
www.rockvillemd.gov/residents/MPDU



MPDU

MODERATELY PRICED DWELLING UNIT PROGRAM APPLICATION

PLEASE READ BEFORE COMPLETING THIS APPLICATION: The information provided will be used to determine your eligibility for the MPDU program. Incomplete applications will not be processed. You must complete all applicable blanks on this form. The employment verification (pages 3 & 4 of the application) must be completed by your employer(s) and submitted with the application. Copies of the following documents must be included with the application: 1) Two most recent paystubs for all wage earners for all jobs, and 2) two most recent years of Federal tax returns and W-2s.

Applicant Name			Email Address
Current Address			
City, State	Zip		
Telephone	Home:	Cell:	Work:
Name of Employer			

HOUSEHOLD INFORMATION: Provide the requested information for all household members who will be living in the unit. List head of household first, including yourself if applicable.

Name	Relationship	Age
	(SELF)	

Have you or any person listed above owned residential property in the last five years? If you or a household member has ever owned a residential property, you can only apply for rental housing.

_____ **YES** _____ **NO**

Type of housing applying for (Check One) _____ **Rental** _____ **Sales**

(If Sales, include a copy of your mortgage pre-approval letter to demonstrate your ability to secure mortgage financing).

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Enter the total **GROSS** (before tax) income earned by all wage earners who will be living in the MPDU. The household gross income is the total from sections A through D below. The minimum income requirement is \$22,000 per year and the maximum is based on the number of people in the household. (See the website for current income limits.)

A. PRIMARY WAGE EARNER

APPLICANT NAME:	
EMPLOYER NAME:	EMPLOYER PHONE:
EMPLOYER ADDRESS:	
CURRENT BASE SALARY/YR: \$	OVERTIME/YR: \$

B. SECONDARY WAGE EARNER

APPLICANT NAME:	
EMPLOYER NAME:	EMPLOYER PHONE:
EMPLOYER ADDRESS:	
CURRENT BASE SALARY/YR: \$	OVERTIME/YR: \$

C. SELF-EMPLOYED (Include Profit & Loss Statement)

APPLICANT NAME:	
COMPANY NAME:	OFFICE PHONE:
COMPANY ADDRESS:	
CURRENT BASE SALARY/YR: \$	

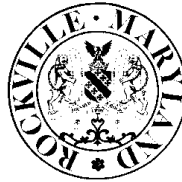
D. **OTHER INCOME - (See Page 4 for a listing of income types and documentation required.)

APPLICANT NAME:	
TYPE OF INCOME:	
TYPE OF DOCUMENTATION PROVIDED:	
AMOUNT OF INCOME PER: ____ MONTH ____ YEAR	

This information is true and complete to the best of my (our) knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____



REQUEST FOR VERIFICATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY EMPLOYEE

(If you were recently hired, submit a copy of your offer letter.)

APPLICANT NAME:	DATE OF REQUEST:
APPLICANT ADDRESS:	
APPLICANT ADDRESS:	
PLACE OF EMPLOYMENT:	

Authorization: I hereby authorize release of the information requested below. Falsification of any item, by any person, could cause my application to become null and void.

Signature of Applicant: _____ Date: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Position Held:			Start Date:	
Rate of Base Pay:	\$ per Hour:	\$ per Month:	\$ per Year:	
# of Hours:	Weekly:	Bi-Weekly:	Monthly:	Other:
Overtime:	# of Hrs Per Pay:	Rate of Pay:	for past _____ months	
Bonus/ Commissions:	Qtrly:	Monthly:	Yearly:	Other:
Other Sources:				

Signature of Employer: _____ Date: _____

Title and Office: _____ Phone: _____

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****OTHER INCOME**

INCOME SOURCES	DOCUMENTS REQUIRED
Self-Employed	Profit and Loss statement for past two years.
Child Support	Court issued Child Support Statement/Affidavit
Alimony	Court Order/Affidavit
Social Security/SSI	Benefits Letter
Interest/Dividends	Official statement(s)
Wages	Two most recent paystubs
Retirement	Statement(s)
Fellowship Stipends	Letter from employer listing salary and start date of employment
Supplemental	Income from a relative or other source. (A letter from source stating amount of support given).
Housing Voucher	Copy of HOC, military or other housing vouchers